could not be stimulated by the most acrid substances. Neither snuff nor ammonia produced the slightest impression on the Schneiderian membrane, nor could any irritant excite an effort to sneeze, although the sense of smell remained unimpaired. The tongue and fauces on the affected side, were also perfectly insensible to touch or taste. A little acetic acid was placed on the tongue, but she could neither detect its quality nor even perceive its presence. She always masticated her food on the healthy side. During this process she often injured, unconsciously, the other side with her teeth, which were likewise utterly deprived of sensation, and small particles of food frequently lodged at the left angle of the mouth, without her being aware of it. Latterly, deglutition became extremely difficult; solid aliments required to be pushed over the root of the tongue, and liquids frequently returned unperceived by her from the left side of the mouth. She at length became slightly deaf in the left ear. For a long time previous to her death a wasting of the left temporal muscle was observed, producing the appearance of a protuberance in the situation of the temporal ridge of the frontal bone. A few days before her death, a perceptible alteration was taking place in the structure of the diseased eye, which was probably occasioned by flies, and other foreign substances, of whose presence she was unconscious, and which caused a slight inflammation of the external membranes. The pain which attended these symptoms was exceedingly acute, and almost without intermission day or night, until, after two years of the most agonizing suffering, she died, August 27, 1833.

During the treatment of this case none of the remedies suggested afforded any relief, although I had the advantage of consulting, in succession, Dr. James Johnson, Dr. Roget, Sir Benjamin Brodie, and Sir Charles Bell.

Post-mortem Examination.—The head was well formed, the pia mater very vascular, and a small portion of coagulated lymph was found between this membrane and the arachnoid. The lateral ventricles were full of serous fluid. The foramen of Monro unusually large. The plexus choroides were somewhat displaced. On raising the anterior lobes of the brain, a large tumour was seen occupying the left cerebral fossa of the sphenoid and temporal bones, to which it was firmly attached, completely obliterating the foramina rotundum, ovale, and the greater part of the foramen lacerum anterius. It extended inwards to the sella turcica, pushing up the optic nerve, which it had slightly flattened. It rested posteriorly on the superior petrosal sinus and pons varolii, where ulceration had taken place. The remaining portion of the brain appeared healthy.

REMARKS.—The extensive distribution of the fifth pair of nerves, its connexion with, and influences on, the senses, render its function an object of considerable physiological interest; but the situation and primary division of its trunk within the skull, render any experiments on it difficult or impossible, without endangering life. In the case just related, the whole of the fifth nerve was completely destroyed, whilst both the eye and the nostrils of that side had lost their sense of touch, retaining the faculties of vision and smelling, but in the tongue both the senses of touch and taste were extinguished. It rarely happens that this nerve is destroyed by disease, without involving the surrounding structures, of which insanity is not unfrequently the result. The intellectual powers were, however, unimpaired, and the patient was able to give very accurate descriptions of her feelings. It is probable that the obliquity of the eye was occasioned by the sixth, or abductor nerve, having been involved in the disease; the partial deafness which ultimately occurred by a similar affection of the portio mollis of the seventh pair, and the loss of sensibility to colour, by the compressed and flattened state of the optic nerve. The wasting of the temporal muscle was a natural consequence of its diminished action, mastication having been for some time performed on the opposite side. The eighth pair of nerves lying at some distance from the seat of disease, were not implicated. The sense of touch and taste, which in this case were quite abolished on the left side, cannot therefore be ascribed to the glosso-pharyngeal nerve, which was uninjured, but must depend on the trigeminal, which was obliterated.—*Lond. Med. Gaz. December* 12, 1835.

---

6. *Is conception possible without coition?*—Under this title, Dr. Casper, editor of the *Wochenschrift fur die gesammte Heilkunde*, has published in his journal a memoir, taken from the manuscripts of Prof. HEIM, comprising seven cases which

have for their object to establish an affirmative answer to the foregoing question. It is a problem, undoubtedly, of great importance, with respect not only to physiology, but also to legal medicine. Examples are incontestible of pregnancy while the hymen remains entire. The celebrated Heim, a man of great name and high authority in Germany, has even collected instances where conception took place, although the spermatic fluid was lodged only at the entrance, or before the orifice of the vagina. We may conceive this possible, if we admit that the fecundation of the ovum takes place from the emanation of the *aura seminalis.* But Heim goes still farther, and allows the possibility of fecundation by the simple aspersion of the semen on the lower part of the abdomen. In support of this opinion, he cites four cases, which he met with in his own practice, and three others from the papers of M. Ribke, professor of midwifery; which cases, according to him, leave no doubt of the possibility of the fact which he advances. We will confess that the perusal of these cases has not left on our mind the same conviction which appears to animate the author. But, could this be otherwise? This conviction of the celebrated Heim, was it not in consequence of the reliance which he placed on the persons who were the subjects of his observations? It is a purely *moral* conviction which he has acquired, and which cannot be possessed by him who has not the same faith in the veracity of the persons whose cases Heim relates.

These facts are of no importance by themselves. They only obtain weight from the name of the two celebrated men who have published them, and who still enjoy, among our German neighbours, unbounded credit and confidence. The last consideration alone has induced us to dwell on this delicate and long unresolved question; to which we call the attention of French accoucheurs and medical jurists.—*Gazette Médicale de Paris,* 26 *Sep.* 1836.

---

7. *Functions of the Fœtal Kidney.* By Robert Lee, M. D.—There is no positive information, Dr. Lee observes, in our systematic works on physiology, respecting the function of the kidney previous to birth. All the glands employed in the digestive process have considerable volume in the fœtus, and may be supposed to possess some activity. Abernethy did not think that the fœtal kidney secreted urine. The following fact is brought forward by our author, as decisive of the question.

"On the 2nd of January, 1835, Mr. Hay, of Osnaburgh Street, attended a patient who was delivered in the 8th month of a still-born female child. It had a double hare-lip, both its feet were clubbed, and the abdomen was so large that it passed with difficulty through the pelvis. Mr. Hay examined the body on the following day, and he found the distention of the abdomen to arise from an accumulation of fluid within the kidneys, produced by an impervious state of the ureters. The right kidney, which resembled a thin cyst filled with a watery fluid, was larger than the head of the child, the left did not exceed half this bulk. Both kidneys were removed from the body without the fluid they contained having escaped, and were in that state presented to me by Mr. Hay. An opening having been made into the pelvis of the left kidney, ℥iv. of a fluid resembling urine flowed out; the pelvis of the right kidney contained nine ozs. of a fluid having the same appearance, which was examined by Dr. Prout.

The following letter from Dr. Prout contains an account of the chemical composition of this fluid.

"I send a short account of the fluid from the kidneys of a fœtus in whom the ureter was found impervious.

"The fluid was of a deep brown colour, somewhat like diluted porter or table beer, transparent, and without any remarkable smell. Specific gravity about 10·12. Very slightly acid. On exposure to heat, it became opaque and deposited flakes of albuminous matter, which was next examined by the addition of an acid. The deposit was of a deep brown colour. The separated fluid was nearly colourless, and deposited on cooling a considerable quantity of lithic acid crystals.

"When evaporated to dryness and treated with alcohol, that menstruum was found to take up a principle strongly acid, and which assumed readily an imperfect crystallised form. I cannot venture to give this principle a name; it somewhat resembled the acid called amniotic, or rather allantoid, in some of its